

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER
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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACIDIC QUINOLINE DERIVATIVES AND THEIR USE FOR THE PREVENTION AND/OR TREATMENT OF HYPERGLYCAEMIA -RELATED PATHOLOGIES

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
- Serial No. _____
- on _____
- and was amended
- on _____ (if applicable).
- ☒ was filed as PCT international application
- Number PCT/EP2004/013662
- on 01.12.2004,
- and was amended under PCT Article 19
- on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, § 119 or 365 (b) of the following United States provisional application(s) and of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
FR	03/15402	24.12.2003	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); Jonathan G. Brown (47,451); and Csaba Henter (50,908) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599	Telephone No. 703/243-6333	Direct Telephone Calls to:
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23599

PATENT TRADEMARK OFFICE

Combined Declaration for Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

201	FULL NAME OF INVENTOR	FAMILY NAME MOINET	FIRST GIVEN NAME Gérard	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Orsay	STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP FR
	POST OFFICE ADDRESS	STREET 15, rue Lamartine	CITY Orsay	STATE & ZIP CODE/COUNTRY FR, 91400
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	RESIDENCE & CITIZENSHIP	CITY Saint-Germain-en-Laye	STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP FR
	POST OFFICE ADDRESS	STREET 22, rue Sainte Radegonde	CITY Saint-Germain-en-Laye	STATE & ZIP CODE/COUNTRY FR, 78100
203	FULL NAME OF INVENTOR	FAMILY NAME ARBELLOT DE VACUEUR	FIRST GIVEN NAME Annick	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Fontenay les Briis	STATE OR FOREIGN COUNTRY FR	COUNTRY OF CITIZENSHIP FR
	POST OFFICE ADDRESS	STREET 27, rue des Tiers	CITY Fontenay les Briis	STATE & ZIP CODE/COUNTRY FR, 91640
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued)
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208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
211	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
212	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE 26. APR. 2006	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202	DATE 26. APR. 2006	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE 26. APR. 2006	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
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SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE